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SMITH ON CONSUMPTION,

24 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Cases of Retention of Urine. By JOHN ADAMS, Esq. Delivered at the London Hospital.

GENTLEMEN: I now direct your notice to three cases of retention of urine admitted last week. They are interesting as affording each an illustration of a different class or type of cases.

The first is that of a man thirty years of age, who was admitted for retention from what is called spasmodic stricture, and whose history is briefly this: Ten years ago he was a soldier in the Belgian army, and suffered from severe attacks of gonorrhoea. He was not addicted to drink. Retention of urine came on suddenly, for which there appeared no assignable cause, and he was admitted with an immensely distended bladder. A warm bath was ordered, after an ineffectual attempt was made to pass a moderate sized catheter, and Mr. Spencer, the house-sur-

geon, passed a No. 10 catheter while the man was in the bath. The instrument was used again the next morning, and he left the hospital in three days with no complaint except a slight scalding in passing urine.

I consider the treatment here pursued quite judicious in such a case. Retention is apt to supervene on free drinking, especially when a patient is affected with a gonorrhoea, and a patient so circumstanced will walk into your room with an enormously distended bladder. You waste no time by leeches, or by the warm bath if you can do without it, but place him against a wall in the upright posture, and take a rather small elastic catheter, which you will slip in at once, and you may probably draw off a couple of pints of urine. You will often find in private practice that you may be called up to such cases; you will also find that the patient will not call on you again, until, from some irregularity of living, he has need of a repetition of your services. The cause of the retention is not apparent in this case.

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but it may be fairly said to have arisen from spasm, coupled with some inflammation of the urethra.

The next is a case of retention of urine from an enlarged prostate: the man's age is seventy-six. The history of this case is plainly that of a man who, although a free drinker in early life, enjoyed uninterrupted health until he was fifty years old, when he began to suffer pain in the kidneys, and his urine deposited a brown sediment and had a very unpleasant smell: these latter conditions probably depended on a slight mixture with blood. These symptoms continued with varying degrees until he had reached the age of seventy-one, when he found a difficulty in passing his water; and at last he had complete retention of urine, for which he was admitted under my care. The prostatic catheter was passed, and he left the hospital after a month's treatment apparently quite well. He was again relieved of a retention of urine by the catheter in this hospital in September last; and he now comes in again in precisely the same state, and he is relieved in the same manner, and so he will go on until the end of the chapter.

He is a hale, hearty man, and evidently has suffered but little pain from his disease.

Such cases are of almost every-day occurrence, and therefore it is of the utmost importance that you should understand them. In these cases it is of no use whatever to waste any time in the employment of leeches, the warm bath, or medicine. The retention is from pure mechanical obstruction, and you must draw the urine off with the catheter. You must at once introduce the prostatic catheter, and with the manipulation always recommended in such cases there is no difficulty in relieving your patient. The after-treatment consists in the use of the catheter two or three times daily until the patient can pass his urine without it; and if he cannot do this after two or three weeks, it will be your duty to teach him to introduce the catheter and draw the urine off himself. In this way he may live on for many years, and enjoy such comforts of life as may appertain to his advanced age.

The last is a case of retention from permanent stricture, in which it was necessary to puncture the bladder. The patient is a young man thirty-two years of age, who has

been the subject of permanent stricture for many years, and in whom no catheter has ever been passed. I was called to him a week ago, and found that attempts had been unsuccessfully made to relieve the retention. He had lost a large quantity of blood by the urethra, and had only passed a gill of urine whilst in the hot bath. I attempted to introduce the catheter, but failed, and found that the instrument passed out of the canal by a false passage. There was no great distension of the bladder; and as he had a drop of croton oil, which had not operated, I ordered him to take thirty drops of laudanum; and I directed the house-surgeon to send in the evening if his bladder was not relieved, as I anticipated the necessity of puncturing the bladder. Things turned out as I expected, and I requested Mr. Cooper to see the patient in my absence, and to act as his judgment suggested. Mr. Cooper punctured the bladder per rectum, and drew off three pints of urine. The instrument was left in.

Now mark the result in this case: in less than two days from the time the bladder was punctured the urine flowed freely by the urethra, and the man is now comparatively well.

This case is interesting in every point of view—first as illustrating a very common class of cases, and next as showing the great value of the simple operation of puncturing the bladder per anum. Much advantage was gained in reference to the operation by waiting until the bladder was greatly distended, because this facilitates the operation, and removes all risk of wounding the peritoneum, inasmuch as this important serous membrane is pushed far beyond the seat of the puncture in proportion as the bladder becomes distended. It is also a point of great interest to know that in such cases, when all tension and irritation are removed by the drawing off of the urine through the new and artificial channel, the breach in the urethra is speedily repaired, and the urine in a few days passes through it. The relief is so complete where the bladder is punctured that some instances are on record in which patients have refused after many years to have the canula removed except for the purpose of being cleaned, regarding it as a safety pipe not to be lightly relinquished: I alluded to cases of puncture above the pubes.—*Lancet*, Nov. 14, 1863.

HOSPITAL NOTES AND GLEANINGS.

Excision of a faultily united Fracture of the Humerus.—A rather curious and somewhat interesting case was submitted to operative relief this day week at St. Bartholomew's Hospital. A man, aged about twenty-six, sustained on board ship a fracture of the left humerus at its upper third, a fracture of his left femur, and some injury to the ankle-joint of the same side, about twelve months ago. The fractures were set by the carpenter of the ship. The thigh united tolerably, but the leg is shorter than its fellow, and there is lameness. The broken humerus united in a faulty manner, so that the parts were almost at a right angle to each other, the projection being directly outwards. The arm was practically useless, and the patient came under Mr. Paget's care. On examination, there was an apparent but not real false joint. The man being put under the influence of chloroform, an effort was made to break the fracture, but without success. Mr. Paget therefore cut down upon it, dissected off the periosteum, and cut out a wedge-shaped piece of the united fracture with a fine saw, and then readily broke the remaining portion. This permitted of complete coaptation; indeed, better almost than if the fracture had been properly set. After all coxing had ceased, the wound was closed with silver sutures, and the arm was most carefully adjusted on a suitable splint. Union is most certain to ensue; but for a satisfactory union a great deal will depend, Mr. Paget remarked, upon the attention bestowed upon the case by the house surgeon.—*Lancet*, July 18, 1863.

Varicocele of twelve years' duration; great pain in the testicle; operation by wire ligature; cure.—H. G., æt. 24, a butcher, was admitted into Westminster Hospital, under the care of Mr. B. Holt, April 16, 1863, suffering from varicocele of twelve years' duration. He states that for many years he has been accustomed to ride for several hours a day, and frequently without a saddle; that he does not remember to have met with any accident, but that his business required him to stand for a considerable period of the day; that he always felt weak, but has not been laid up with any serious illness. Twelve years since he complained of pain in his left tes-

ticle, which was increased upon exertion, and occasionally was very severe at night. He consulted a surgeon who advised him to wear a suspensory bandage; but, although he had continued to do so, the pain in the testicle had latterly so much increased as to compel him to abandon his work. Upon examination, the usual tortuous and congested condition of the veins was detected behind the testicle, which, however, could be emptied by placing him in the horizontal position; but when pressure was applied over the external abdominal ring, and the patient was desired to resume the perpendicular, the veins were more swollen than before. The vas deferens could be easily isolated.

Mr. Holt determined to tie the veins with the wire suture by the subcutaneous method; and the patient being placed under the influence of chloroform, and the vas deferens isolated, a needle armed with the wire ligature was passed through the scrotum behind the diseased veins, and made to perforate the scrotum on the inner side. The needle was now made to enter at the same opening, and the wire was passed in front of the veins, and so out at the first puncture; thus no skin was included in the wire loop, but merely the veins and some areolar tissue. The wire was now twisted, and the same proceeding was adopted a little lower down, by which the veins were thoroughly included in two ligatures. The wires were now shortened, the intention being to subject the veins to compression for three or four days, and then to remove them by simply untwisting them. For the next three days the patient was comfortable, and did not complain of pain. There was slight swelling, and tenderness when the part was touched, but no other pain. On the fourth day Mr. Holt intended untwisting the wires as before described; but the twisted portion was so deeply imbedded that he determined to cut both ends short, and leave them as permanent compressors. The punctures healed in two days, and the wires remained, not exciting any irritation or disturbance, and the patient was able to work without inconvenience. He was detained in the hospital for a fortnight that Mr. Holt might see whether any inconvenience was experienced; but none having occurred at the expiration of that time, he was discharged, but requested to present himself from time to time that the result might be watched.

The veins between the ligatures were entirely obliterated, and the patient described himself as perfectly free from any pain in the testicle. He has presented himself occasionally as requested. The wires can be felt, but they do not occasion any inconvenience, and he has resumed his work with a perfect immunity from pain.

Mr. Holt remarked that this was a case from which probably some instruction might be derived. He stated it was not his intention, in the first instance, to have left the wires around the veins; but as there was some little difficulty in their removal, he determined to retain them, as in all probability they would not excite irritation, and they would positively prevent any recurrence of the disease. He considered it was a practice that might be repeated with advantage. The pain of the operation was merely that which resulted from the two punctures in the skin, and the patient had not otherwise suffered, as was almost always the case when any portion of the integument was subjected to pressure. The operation was in itself of the easiest possible kind to perform, and he did not consider the patient need be confined to bed. Should future cases be attended with a like favourable issue, the proceeding would become general, and the pain and time of the patients be considerably abridged, while the question of recurrence would be entirely set at rest, such an occurrence being impossible so long as the wires acted as compressors. —*Lancet*, Aug. 16, 1863.

Latent Syphilis.—In reply to an inquiry addressed to medical practitioners in all countries "On the Influence which an Anti-Syphilitic Mercurial Treatment of Parents has on the Health of their Children," Hebra draws certain deductions from ten cases occurring in his private practice, among which conclusions we find the following: "Syphilis may remain latent in the body, without discovering itself by any symptoms, and first betray itself by the syphilitic affection of the children." —(*Year-book of Surgery*, 1860, p. 322.) By which is meant, that a man may contract syphilis, and fancy himself well, and yet after marriage, at some distant period, while in apparently perfect health, beget children, who may become the subject of the syphilitic taint in a constitutional form. The great difficulty in obtaining perfectly

reliable information on these questions from patients must be admitted by all, but still, with care, we may arrive at a close approximation of the truth.

Hebra states a fact which has been recognized by many in the surgical practice at St. Bartholomew's Hospital for a long period. The two following cases, which came under Mr. Coote's care on August 15, 1863, illustrate, he considers, Hebra's views:—

CASE 1.—Jane M., aged 27, a healthy looking young woman, married three years, came to the hospital bringing an infant covered from head to foot with syphilitic peoriasis. She said that the eruption showed itself a few days after birth, and the child had since pined and become emaciated. She added that she had had one other child about eighteen months previous, which was born dead. The closest inquiries were made as regarded both her own health and that of her husband. She replied readily and frankly, with the full knowledge of the purpose of the question, and assured us that no illness had shown itself on either herself or her husband in any way during their married life. The child was ordered two grains and a half of mercury and chalk twice a day, and is going on favourably.

CASE 2.—Elizabeth A., aged 16, a slightly made, pallid child, living with her parents, came to the hospital with a circular and perforating phagedenic ulcer of the soft palate, the size of a sixpence, with tawny surface and inflamed circumference. There were adhesions of the left iris around the pupillary margin, but no indications of recent iritis. She was questioned with care, consideration being of course shown to her youth, and it was obvious that she was innocent of any irregularity. It was also denied that either parent had ever suffered from syphilitic disease during married life. The edges of the ulcer were touched with nitric acid diluted with five parts of water. She was ordered three grains of iodide of potassium in sarsaparilla. The case is going on well.

Hebra adds that the reverse may happen, viz., fathers infected with general syphilis may neither infect their wives nor produce syphilitic children. In illustration of this statement I mention the following case:—

CASE 3.—Thomas W., 38, a respectable man, contracted syphilis twelve years ago, and only on that occasion. He had an indurated chancre at the reflection of the pre-

puce on the glans penis. It was treated with mercury and disappeared, and the man remained well for two years, when he became the subject of syphilitic lepra, chiefly affecting the arms, chest, and head. In course of time the eruption disappeared, and seven years ago he married. His wife and children are in good health, but he is subject to syphilitic ulceration of the tongue and fauces, and to occasional attacks of lepra in a slight form.—*Med. Times and Gaz.*, Sept. 15, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Wounded at Chickamauga.—[The following extract from a letter lately received from a surgeon of volunteers at Chatanooga will, we are sure, be read with interest.]

"While in the Field Hospital at Chatanooga, during the first six weeks after the battle of Chickamauga, I saw much suffering and death of course—for since the war began there has not been a great battle fought under so unfavourable circumstances for procuring comforts and even necessary supplies for the wounded. And yet the men were made comparatively comfortable in tents in the field.

The weather was very favourable for treating the wounded; and above all, the, to me, remarkable cheerfulness of the sufferers did much toward restoring them to health.

Of the more than 3000 patients treated of all kinds of wounds (except slight ones, which were sent to Nashville immediately after the battle), but 208 deaths occurred during the first six weeks after the engagement.

At this time all but 120 had so far recovered as to be able to be sent to Nashville or home.

Of the 120 remaining, one-fourth, or 30, would not recover, perhaps; making 238 deaths out of 3000 wounded."

Berkshire Medical College.—The annual commencement of this institution was held on the 24th of October last, on which occasion the degree of M. D. was conferred on sixteen candidates.

Mr. Barwell and Professor Gross.—In a note appended to a lecture on Hip Diseases

published in the *Lancet* of Oct. 17, 1863, Mr. Barwell accuses Prof. Gross of appropriating some of his woodcuts without acknowledgment. As the editors of several of our journals on this side the Atlantic have hastened to republish this accusation, we take pleasure in giving place to the following very handsome and candid apology which Mr. Barwell makes in a letter to the Editor of the *Lancet*, and which is published in the No. of that Journal for Dec. 5, 1863.

"**An Apology.**—To the Editor of the *Lancet*, Sir: In justice to Dr. Gross, of Philadelphia, whom I have unintentionally wronged, I must beg space for the insertion of this letter.

"Dr. Gross has written to me complaining that in a note appended to my third lecture 'On Hip-Disease' (*The Lancet*, Oct. 17, 1863) I had accused him of appropriating some woodcuts from my published works without acknowledgment, and the eminent author points out that in his preface my name is included amongst a list of surgeons to whom he is indebted for a certain number of his illustrations.

"The statement of Dr. Gross is perfectly correct, and I have done him a great injustice. The fact is that I had the second volume of his valuable and laborious work in my possession, but not the first. Finding many of my woodcuts used, and no acknowledgment appended, I concluded these illustrations were not acknowledged, and it did not occur to me to look for my name in the preface. In this I was wrong; and I beg to state that Dr. Gross has made all due and necessary avowal of the borrowed woodcuts. I trust that he will pardon the error into which I very unwittingly fell, and which I now most willingly retract.

I am, sir, your obedient servant,
R. BARWELL, F.R.C.S.

Old Burlington-street, Dec. 1863."

New Works.—We are happy to announce that our friend PROF. HOBBS has prepared a work on the "Principles and Practice of Midwifery," which will be richly illustrated with lithographic plates, all of which are original, and copied, to insure their absolute accuracy, from photographs taken expressly for the purpose. This work will be published by Messrs. Blanchard and Lea early in the coming spring, and will, we are sure,

add to the reputation of its author and be a credit to American obstetric literature.

Our friend, Prof. AUSTIN FLINT, is also preparing a treatise on the "Principles and Practice of Medicine," which the well-established reputation of the author as a careful and discriminating clinical observer, and his large experience in our diseases as they appear in different parts of our country, afford a guarantee of the practical character and value of his work. We shall look anxiously forward for its appearance.

FOREIGN INTELLIGENCE.

Prof. James Syme on Iridectomy. Sir—As you ask my opinion of iridectomy, I have no hesitation in saying that it has always seemed to me an entire delusion accepted for the cure of blindness, on the same principle which leads drowning men to catch at straws. Glaucoma has been regarded as so hopeless a disease, that it was peculiarly well suited for the proposal of an operation which promised merely to afford some chance of relief. Such being its modest profession, the destructive inflammation, lenticular opacity, and collapse of the eyeball, which too frequently result from opening the cornea and cutting out a portion of the iris, were not held to counterbalance the benefit claimed by patients so fortunate as to escape these dangers. But this alleged benefit, from what has come under my observation, does not appear to be at all different from that which every one labouring under incurable deafness may believe for a time he has received from the use of remedial means, whatever they may have been. The truth is, that any man who has paid money, and suffered pain, does not like to confess that his object in doing so has not been accomplished; while his attention and imagination being at the same time excited, he is apt to regard the feeblest glimmer of light, or the faintest perception of sound, as a symptom of improvement. Iridectomy will, therefore, I trust, soon disappear, not only from surgical practice, but from surgical language.

I am, etc., JAMES SYME.
2, Rutland Street, Edinburgh, Oct. 17, 1863.
Brit. Med. Journ., Oct. 24, 1863.

Ovariectomy.—The following remarks from an article in the *Gazette Hebdomadaire*, though it may not gratify our national

pride, may interest our readers, and at all events afford a good example of French vanity:—

"In order to remove these enormous tumours we are compelled to largely open the abdomen, and to manœuvre within the depths of the most vast visceral cavity, the one most disposed to inflammation, and the inflammation of which is the most redoubtable of all. The necessities of the operation often give rise to prolonged and multiplied manœuvres, to extensive lacerations, and to almost violent struggles, with the resistances which may arise. Such is ovariotomy in its sombre and too real physiognomy. This formidable operation was first practised, and with success, in France towards the end of the last century, and an account of it is found in the *Mémoires de la Société de Médecine* for the years 1782-83. Since that time, however, our surgeons have not renewed the attempt, fortunate though this was. Calculating by their daily practice what their art allowed them to attempt, they deemed a like operation beyond the powers of Nature herself, and would not allow an exceptional case to be converted into a law, sacrificing numerous victims for the chance of meeting with an unexpectedly successful result. With good reason, such success did not seem to them to offer a sufficient compensation for the calamities by which it must be purchased. They renounced the extirpation of ovarian cysts, and treated them by repeated tapping, and in later years by iodine injections, which, in cases of simple unilocular cysts, not unfrequently lead to a durable cure.

"The operation, proscribed among ourselves, became, however, gradually adopted in America and England, the surgeons of these countries declaring that they did not meet with the terrible accidents so redoubted among ourselves, while they frequently obtained the cure of a disease almost always fatal. As long as these statements only came to us from the other side of the Atlantic—the distance that intervened, the incredible rashness of American surgery, the absence of control in a society in which individual liberty reigns as absolute mistress, the excesses of charlatanism and hasty publication, and our ignorance of the true value of the men who spoke and wrote—all these circumstances rendered us very incredulous, and we remained peaceably amidst our traditions of timid surgery; but

when cases came to us from the other side of the Channel—when we saw London surgeons of repute practising ovariectomy, bringing it within the category of legitimate operations, when we learned their successful results, and were enabled to control these, and when verified statistics swelled their unexpected number—emotion overcame us, and the spirit of resistance gradually gave way. Several of our most distinguished surgeons repaired to London, examined patients already operated upon and cured, saw the operation performed, followed up its results, and had all doubts removed from their mind. Ovariectomy they declared to be a beautiful conquest of modern surgery, and they returned home decided to render it popular among ourselves.

“These occurrences took place just at the time when the Hospital question was being discussed in the Academy. The unsanitary conditions attributed to our hospitals, the mischievous effects of overcrowding upon those who had undergone operations, and the importance of hygienic and consecutive treatment—all these points, brought into relief during the debates, were taken into serious consideration by those who were desirous of introducing and naturalising in France the surgical achievements of our neighbours. The most minute precautions were taken before proceeding to the operation, and the patients were placed either in the country, in *maisons de santé* in the neighbourhood of Paris, or, if in Paris itself, in separate, well ventilated rooms, uniting every imaginable condition of salubrity. Alas! in spite of all this care, the check which our surgeons have received is lugubrious. The splendid recoveries observed in London have not been obtainable here. We cannot state in a very precise manner the number of women who have been subjected to ovariectomy, but it has been sufficiently large to render the proof decisive. A more or less speedy death has been the termination of most of these attempts, skilfully as they have been conducted. Scarcely have some rare cases proceeded on to a favourable result; and even the recoveries themselves do not exhibit the moving spectacle witnessed by the English surgeon of fearful and complicated manœuvres combined with terrible accidents, yet followed by a cure taking place amidst a state of calmness with a

surprising facility. Thus it is that our surgeons, discharged, will for the most part recur to their former timidity, some of those who were at first the most ardent in the attempt, feeling now no disposition to repeat it.”

Hygrometricity of Confined Places.—

Gen. MORIN, who has much occupied himself with improvements in the ventilation of public edifices, in a note addressed to the Academy of Sciences, treats of what he terms the “hygrometricity” of confined places. Much struck with the importance which the English engineers and authors attach to the imparting to the air employed for ventilation, whether heated or not, a certain amount of moisture, he was induced to investigate whether the salubrity of such air might not be due in some measure to the development of a certain amount of electricity by the passage of the air through the vaporized water (as is the case with regard to dew and rain during storms) giving rise to the production of free oxygen (*oxygène actif*). If this, or some analogous modification, can be shown to take place, we have placed in our hands a simple, efficacious, and economical means of purifying the air of inhabited places, especially in summer—air containing free oxygen possessing in a high degree the property of burning certain miasmata and emanations from bodies in a state of putrefaction. The General accordingly instituted some experiments in order to ascertain whether the dispersion or solution of a certain quantity of sprayed water in the air sensibly modified its electrical condition. The results show the extrication of free oxygen and the subsequent or concurrent formation of an acid. As both the oxygen and the acid, probably a nitrous compound, possess the property of destroying putrefactive emanations, their presence sufficiently proves that the vaporization of water in air, besides the increase of moisture and depression of temperature which it gives rise to, may exert an action on the animal economy and upon the air of habitations deserving the attention of sanitarians.—*Med. Times and Gaz.*, Nov. 21, 1863.

Chemical Society—At this society, on the 19th Nov., several interesting papers were read. Mr. Riley referred to the existence of the rare metal vanadium in Eng-

lish pig iron. Vanadium has been found hitherto in very few substances, chiefly in vanadate of lead; it has also been detected in a kind of iron ochre and in the French mineral bauxite, which is now so largely employed in the manufacture of aluminium. Vanadium has already received an important application in the manufacture of writing ink. The very finest black ink, perfectly indelible by chemical reagents, or by exposure to the combined influences of air and moisture, is made by adding a minute proportion of vanadic acid to water containing some tincture of nutgalls. The next paper read was by Dr. Frankland and Mr. Baldwin Duppa. It referred to a mode of uniting ethyl, methyl, and amyl with metallic mercury. The compounds produced are of high interest in a scientific point of view. One of them, although a liquid resembling water in appearance, possesses so high a specific gravity that the heaviest lead-glass floats on its surface.—*Brit. Med. Journ.*, Dec. 5, 1863.

Opening of the New Clinical Hospital at Naples.—The King of Italy, during his triumphant progress through his new dominions, has offered every possible encouragement to arts, science, and works of charity. Last week he opened a magnificent new clinical hospital at Naples, occupying the place of an old convent. All the clinical institutions of the city are to be united here, together with a new one for diseases of the skin, and the school of practical pathological anatomy. Until the present time this large city of 500,000 inhabitants had only 300 beds for the reception of acute disease; while the ancient University of Naples possessed neither space or means for clinical teaching, hardly being able to accommodate its thousand students. It is indeed refreshing to meet on every side of this regenerated Kingdom of Italy signs of scientific progress, and an evident desire once more to take part in that noble race in which formerly Italians held so high a place.—*Med. Times and Gaz.*, Dec. 12, 1863.

Drunkenness in England.—In the year ending at Michaelmas last, 94,908 persons—260 a day—were proceeded against before justices in England for drunkenness, or for being drunk and disorderly, and 63,255 of these were convicted. The great

majority were only fined, but above 7,000 were committed to prison. The returns show a great increase over the previous year, for only 82,196 were then charged with drunkenness, and only 54,123 convicted. Of the persons thus charged in the last year 22,560 were females, and more than 10,000 women were convicted for being drunk. Coroners' inquests in the year 1862 found 211 verdicts of death from excessive drinking, 145 men and 66 women thus ended their days.—*Brit. Med. Journ.*, Oct. 3, 1863.

Marriages of Consanguinity.—M. SEGUIN denies that marriages of consanguinity have necessarily a tendency to produce diseased offspring. He relates the results of ten marriages which have occurred between his own family and the family of Montgolfier. Eight of these marriages were between cousins-german, and two between uncles and nieces. Between 1812 and 1858, sixty-one children have issued from these unions, of whom forty-six are alive. No case of deaf-and-dumbness, of hydrocephalus, of stuttering, or of six fingers on the hand, has been observed among them. M. Seguin concludes that, when there exists any constitutional tendency to disease in a family, the tendency to its development is increased in the offspring by consanguineous marriage; but that, in alliances between members of a family endowed with a good constitution, there will be augmentation of the vital forces in the offspring. This is, in fact, just what is observed by animals whose breed is improved by man. M. Flourens remarked on the subject, that it is always well to study long before publishing, and that nothing has hitherto been advanced on the subject of consanguineous marriages worthy of serious consideration.—*Brit. Med. Journ.*, Sept. 19, 1863.

Sir Benjamin Brodie's Works.—Messrs. Longman are about to publish a complete edition of the works of Sir Benjamin Brodie, including his papers scattered in journals, etc. This edition will also contain some remarks on surgical cases upon which Sir Benjamin Brodie was engaged at the time of his death. The work will be edited by Mr. Charles Hawkins; and is to be accompanied with an autobiographical sketch of Sir Benjamin Brodie.—*Brit. Med. Journ.*, May 16, 1863.